

Warren Report Shortcomings Outlined

Shortcomings in the publicly noticed portions of the Warren Commission report which dealt with forensic sciences were described by panelists at a session of the 18th Annual Meeting of the American Academy of Forensic Sciences in Chicago.

The panelists made clear that their review of the Warren Commission report on the assassination of President John F. Kennedy was not intended to be overly critical of its purpose and good efforts. They sought specific aspects and unanswered questions whose addition of information would have strengthened it.

Autopsy Incomplete: From the viewpoint of a forensic pathologist, Cyril H. Wecht, MD, LLB, who is associated with the Pittsburgh, Pa., coroner's office, said, "By standards found in most good medicolegal investigative facilities, the autopsy report would not be deemed to be a complete one. Certain essentials are missing, and many questions have been raised and have gone unanswered, at least officially, because of the absence of such information in the official autopsy report and in the subsequent testimony given before the Warren Commission."

Among the questions which might have been publicly revealed through the autopsy findings, Dr. Wecht said, were: (1) if President Kennedy had Addison's disease (an issue raised in the 1960 presidential campaign), and (2) if the first shot which struck the President inflicted a wound of such "fatality" that he could not have survived.

studied any portion of the data gathered throughout these otherwise intensive interviews for the purpose of professional psychiatric opinion."

Dr. Fischer said that the Commission, "a body of outstanding attorneys," appeared to follow that practice common to a group of intellectuals of functioning as "lay" psychiatrists. He emphasized that he is "reluctant to accept the evaluation of critical and of significant witnesses interviewed by legal or investigative personnel whose training, however extensive, does not qualify them for the important task of evaluation of motivation."

Weaknesses Cited: Attorney Jay Schwartz, Kenosha, Wis., was critical of a number of aspects in the handling of the case. He said, "The government is weak because it cannot establish a decent chain of evidence. It is weak because it spoke before it was ready. It is weak because it failed to maintain original notes. It is weak because all of the volumes of the report are based on assumption which must be taken on faith rather than fact. The [Warren] Commission inherited all of these weaknesses."

Schwartz made these observations: • "It is worth mentioning that the Parkland

Hospital notes are probably the only original notes still in existence. Commandant Hume [sic] [sic] Hospital pathologist burned his original notes. Fellow Captain Price, who interviewed Oswald, didn't know him; and FBI Agents Husky and Schilder as members Secret Service men who were present didn't make any notes during Oswald's 12 hours of interrogation. One might have expected a photographic expert for tape recording to make a situation, but they were not."

• "The Commission figured that there were between two and six shots fired, the best guess of the Commission is three shots based upon the proposition that there were three spent cartridges found at the Depository Building. It claims that one shot missed and one shot ran from the President's shoulder, through his neck, through Governor Connally's back, chest, waist and thigh. No witness including Dr. Hume or Gov. Connally believes that. Clearly then the number of shots is diminished by belief that all the shots were fired by Oswald. This in turn is based on the uncorroborated autopsy which set forth the wounds of entrance and exit."

• "If, in fact, there were four shots, Oswald could not have fired all of them. It is doubtful that he could have hit two out of three as the Commission contends he did. Three motor mechanics had difficulty in so doing, and there is no credible evidence that Oswald, who had missed a set-up on General Walker (if that testimony is believed) could compare with them."

• "If the body and the limousine had remained in Dallas instead of being taken to Washington, D.C., in accordance with the law, Dr. Hume, the FBI and the Secret Service need not bear the responsibility they bear."

AMA Annual Convention

Section Registration for Member

The revised Bylaws of the AMA require that each qualified AMA member registrant be granted

SECTION ON

Experimental

AMA RECOGNIZED
MEDICAL SPECIALTY
(No limitation on areas
of specialty)

SECTION ON

Lack of Information: Dr. Wright stressed, however, in this particular case, all of us are handicapped by not having been involved in the autopsy (with the exception of those few Armed Services pathologists who were called in to perform the autopsy). Consequently, we are limited in our evaluation to those portions of the record that have been made public through official sources.

"The only other medical facts that we have are those that were released by the physicians at Parkland Memorial Hospital in Dallas, where President Kennedy was taken and treated before being pronounced dead officially. Thus, we must preface any remarks, particularly any that may seem to be critical, with the caveat that we are not in possession of all the facts. Also, we can appreciate the fact that the pathologists who performed the autopsy, being members of the Armed Services, may not have been permitted to publicly release all their findings."

'Conspiracy' Disproved: Psychiatrist Maier I. Tuchler, MD, Phoenix, Ariz., pointed out that the Warren Commission report "put to rest irrational apprehension and anxiety created by the assassination of our President at a critical time in the nation's history." The findings reported, Dr. Tuchler explained, "are sufficiently detailed to negate rumors of a conspiracy," and they point to Lee Harvey Oswald as "a lone assassin."

But in his study of the past history of Oswald as developed in the Warren report, Dr. Tuchler said, he was "astonished to find that, of the 522 witnesses interviewed and of the thousands of reports presented to the Commission, not one psychiatrist

aged to register for the Annual Convention (Chicago, June 26-30) in advance, clearly indicating his or her selection of the Section Business Meeting in which he or she wishes to be qualified to vote.

The AMA Bylaws now read in Chapter VI: Meeting: Section 2, Registration:

(A) Members. A member's section registration shall correspond with his specialty or General Practice status as designated by him for classification in the American Medical Association Directory. To be accepted for section registration purposes, a member of a section who desires to change his registration from one section to another because of a change in his specialty, shall be required to inform the Headquarters of the American Medical Association by written notice of his intention at least sixty days [by April 26, 1966] in advance of the Annual Convention.

Each of the 22 Scientific Sections, with the matching medical specialties which will be recognized as identified in the AMA Directory Master Physician Records, is listed as follows:

SECTION ON	AMA RECOGNIZED MEDICAL SPECIALTY
Allergy	A—Allergy (Subspecialty of Internal Medicine)
Anesthesiology	ANES—Anesthesiology
Dermatology	D—Dermatology
Diseases of the Chest	PUD—Pulmonary Diseases (Subspecialty of Internal Medicine) *TS—Thoracic Surgery (May select Section on General Surgery) *CD—Cardiovascular Disease (Subspecialty of Internal Medicine) (May select Section on Internal Medicine)
	Physical Medicine
	Preventive Medicine

EXPLANATION

GASTROENTEROLOGY

General Practice
General Surgery

Internal Medicine

Laryngology,
Otolaryngology
Military
Medicine
Nervous and
Mental Diseases

Obstetrics and
Gynecology
Ophthalmology
Orthopedic
Surgery
Pathology and
Physiology
Pediatrics

Physical Medicine

Preventive Medicine

GI—Gastroenterology
Subspecialty of
Internal Medicine)
GP—General Practice
GS—General Surgery
*NS—Neurological
Surgery
*(May select section on
Nervous and Mental
Diseases)

PS—Plastic Surgery
*TS—Thoracic Surgery
*(May select Section
on Diseases of the
Chest)

*CD—Cardiovascular
Disease
(Subspecialty of
Internal Medicine)

*(May select Section on
Diseases of the Chest)

IM—Internal Medicine

OTO—Otolaryngology

(No limitation on areas
of medical specialty)

CHP—Child Psychiatry
N—Neurology

*NS—Neurological
Surgery

*(May select Section on
General Surgery)

P—Psychiatry

OBG—Obstetrics and
Gynecology

OPH—Ophthalmology
ORS—Orthopedic

Surgery

POP—Forensic Pathology
PATM—Pathology

PD—Pediatrics

PDA—Pediatric Allergy
(Subspecialty of
Pediatrics)

PDC—Pediatric
Cardiology

(Subspecialty of
Pediatrics)

PM—Physical Medicine
and Rehabilitation

AM—Aviation Medicine
(Special field of
Preventive Medicine)

GPM—General
Preventive Medicine
(Special field of
Preventive Medicine)

OM—Occupational
Medicine

EXPLANATION

PRUXTOLGY

Radiology

Urology

PH—Public Health
(Special field of
Preventive Medicine)

CRS—Colon and
Rectal Surgery

DR—Diagnostic
Roentgenology

(Special field of
Radiology)

R—Radiology

IR—Therapeutic
Radiology

(Special field of
Radiology)

U—Urology

Each qualified member physician can select only one Section Business Meeting in which he wishes to be qualified to vote. The above matching of medical specialties will be recognized for registration to vote in the Section Business Meetings, with the exception that any active member can request, at the time of his Convention Registration, to be permitted to vote in either the Section on Experimental Medicine and Therapeutics or the Section on Military Medicine. Registration can be changed annually.

Since the medical specialty of Administrative Medicine can be matched with all 22 Sections, a physician with this medical specialty listed in the AMA Directory Master Physician List can choose any Section Business Meeting in which he wishes to vote. This choice must be made at the time of his Convention Registration. Such registration can be changed annually.

An AMA Active Member may change his choice of a Section Business Meeting from year to year, so long as he meets the requirements of the AMA Bylaws. The registration form will appear frequently in *The AMA News* and *The Journal of The AMA* and the Convention Program will appear in the May 9 issue of *The Journal*.